

Diseases and Non-Battle Injuries for U.S. Navy Submarine Personnel and Surface-Ship Personnel by Occupational Group

Presented at the Thirty-First Navy Occupational Health and Preventive Medicine Workshop,
Virginia Beach, Virginia, March, 1989

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Report No. 89-10 was supported by the Naval Medical Research and Development Command, Department of the Navy, under research Work Unit M0095.005-6004. The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Detense, nor the U.S. Government.

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### SUMMARY

### Problem

Previous Naval Health Research Center studies have found that submarine personnel have lower hospitalization rates than surface-ship personnel. However, because Navy hospitalization admission rates are known to vary by occupation, occupation-specific hospitalization rates for submariners were examined to determine the effects of submarine work environments and health. Objectives

The objective of this study was to determine the hospitalization rates of submariners within five occupational groups and compare the results with data for surface-ship personnel.

The Service History file maintained by the Naval Health Research Center in San Diego was searched for all personnel who had served aboard nuclear-and diesel-powered submarines (n=68,475) between 1974-1979. A random sample of enlisted personnel who had served aboard surface ships of similar crew size as submarines was selected as a control group (n=77,541). Age-adjusted hospital admission rates for 16 major diagnostic categories were calculated and compared between submarine and surface-ship personnel for five major occupational groups (administrative/clerical, apprentice, blue collar, electronic/technical, and medical). Relative risks were calculated and 95 percent confidence intervals were computed to determine significant differences in hospitalization rates.

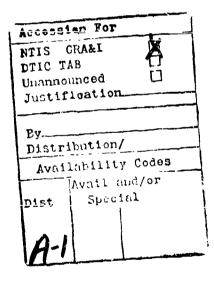
#### Results

Submarine personnel were found to have lower total hospitalization rates than surface-ship personnel for four of five occupational groups. Blue collar, electronic/technical and medical submarine personnel had at significantly lower total hospitalization rate (p<.05); administrative/clerical submarine personnel had a lower total hospitalization rate; however, the difference was not significant. Only apprentice submarine personnel had a significantly higher total hospitalization rate (p<.05) than surface-ship apprent ce personnel. Among the five occupational groups, submarine

apprentice personnel had the highest total hospitalization rate. The lowest total rate of hospitalization was among submarine electronic/technical personnel.

### Conclusions

When comparing hospitalization rates between personnel on submarines and surface-ships for five occupational groups, surface-ship personnel had higher hospitalization rates, except in the apprentice occupational group. This suggests that the lower total hospitalization rates among submarine personnel are due to the screening process for apprentices that removes personnel at risk for illness. Higher hospitalization rates for submarine apprentices may be attributed to the long work hours and stress associated with submarine qualification. Lower submariner hospitalization rates in the other occupations may be a reflection of higher levels of education, difficulty of medical evacuation from a submarine, and submarine selection factors such as the intolerance of disciplinary problems.





Diseases and Non-Battle Injuries for U.S. Navy Submarine Personnel and Surface-Ship Personnel by Occupational Group

The U.S. Navy shipboard environment for submarine personnel is quite different from that of surface-ship personnel. Extended periods of submergence, smaller living spaces, and a lack of area and facilities for physical activity are some of the environmental stressors the submariner encounters. When Tansey, Wilson, and Schaefer (1979) compared the health of submariners with surface-ship pers mel during an 11 year period, 1963 to 1973, they found that surface fleet personnel were at higher risk for respiratory, traumatic, gastrointestinal, skin infections, and miscellaneous illness. In addition, submarine personnel had higher illness rates in genitourinary, systemic, cranial, and neuropsychiatric illness categories.

More recent research, (Burr and Palinkas, 1988; Burr and Palinkas, 1987) comparing submarine and surface-ship personnel during the 1974 to 1979 time period, has shown lower total hospitalization rates among submariners than for surface-ship personnel. In these studies, submarine personnel had significantly fewer hospital admissions for accidents, poisonings, and violence; mental disorders; diseases of the genitourinary system; diseases of the skin and subcutaneous tissue; and diseases of the musculoskeletal system. Among more specific diagnoses, submariners were significantly lower in hospitalizations for viral hepatitis; alcohol abuse; drug abuse; personality disorders; fractures; concussions; contusions; and open wounds.

Even though overall submariner rates of hospitalization are lower than surface-ship personnel, submarine personnel working around nuclear reactors or in the torpedo room may be at higher risk for certain illnesses. This expectation is consistent with the finding that hospital admission rates among naval personnel are affected by occupation (Gunderson and Colcord, 1982). In addition, a study comparing cardiovascular system related hospitalizations of Torpedoman's Mates (TM) potentially exposed to Otto Fuel II to a control group of Fire Control Technicians, found excess morbidity and mortality among TMs (Helmkamp, Forman, McNally, Bone, 1984). Comparison of submarine and surface-ship personnel in the previously mentioned Tansey

study, and in the Burr and Palinkas studies did not examine occupational differences and, therefore, may have failed to detect a specific risk for a particular occupation aboard submarines.

The objective of this study was to compare the hospitalization rates of submariners with surface-ship personnel for five occupational groups. Occupational groups for this study were based on those used in an earlier study conducted at the Naval Health Research Center (Palinkas and Colcord, 1985). The five groups were defined by the similarity of assigned tasks and work environment (see Appendix 1) and included administrative/clerical, blue collar, electronic/technical, medical, and apprentice personnel.

#### **MRTHOD**

The Naval Health Research Center in San Diego, California, maintains computerized Service History and Medical Inpatient files for active duty naval enlisted personnel. The Service History file was searched for all personnel who had served aboard nuclear—and diesel-powered submarines during the period 1974-1979. A control group, consisting of a random sample (approximately 50%) of enlisted personnel who had served aboard surface-ships of approximately the same crew size as submarines during the same period, also was identified from the Service History file. Only white males were selected because of the small number of personnel represented in other groups (e.g., female, black, hispanic) and to control for the potential confounding influence of sex and race on hospital admission rates. Ship types represented in the surface-ship group included Destroyer, Guided Missile Destroyer, Frigate, and Guided Missile Frigate.

Diagnoses were in accordance with the International Classification of Disease Adapted for Use in the United States, Eighth Revision. Sixteen of eighteen major diagnostic categories were included in the study. Complications of pregnancy, childbirth and the puerperium, and certain causes of perinatal morbidity and mortality were eliminated because they were not relevant to the study. Hospitalizations for these samples reflected data for deployed ships as well as ships in port; rates were expressed as the number of hospital admissions per 100,000 person-years.

Age-adjusted hospital admission rates were calculated using the direct method of adjustment (Lilienfeld and Lilienfeld, 1980). The age-adjustment

procedure was used to derive an overall rate which was based on the age distribution of the Navy ship-board population. This was accomplished by using a standard population created by summing the submariner and surfaceship comparison groups and then using occupation-specific rates to compute the expected number of hospitalizations for each group within the standard population. The age-adjusted rates for submariners and surface-ship occupational groups were compared using relative risks. Relative risk was computed by dividing the submariner hospitalization rate for a occupational group by the surface-ship hospitalization rate for that occupational group. computation gives a measure of the likelihood, relative to the surface ship group, that a member of the submariner group will acquire a certain disease. Ninety-five percent confidence intervals were used to assess statistical significance of observed differences in hospitalization rates by occupational group (Lilienfled and Lilienfeld, 1980). It should be noted, although multiple comparisons are examined, no adjustment to the confidence intervals was made.

### RESULTS

The search of the Service History file identified 68,475 submarine personnel and 77,541 surface-ship controls. Table 1 shows the number and percentages of submarine and surface-ship personnel for each of the five Blue collar occupations accounted for nearly one-half occupational groups. of the personnel in both the submarine and in the surface-ship group, percentages of personnel in the other occupational groups were generally comparable between submarines and surface-ships. The number of enlisted white males across all occupational groups for submarine personnel during this period averaged 43,541 per year and the number of enlisted white males for surface-ship personnel averaged 45,151 per year. During the study in Navy medical submariners had 16,092 hospital admissions facilities, surface-ship personnel accounted for 23,156 hospital admissions.

Table 2 shows mean age at the time of first hospitalization by occupational group for submarine and surface-ship personnel. Submarine apprentice personnel had the lowest mean age at first hospitalization; surface-ship administrative/clerical personnel had the highest mean age at first hospitalization.

Table 3 shows the hospitalization rates and relative risks for administrative/clerical submarine personnel and the comparison sample of surface-ship administrative/clerical personnel. Statistically, submariners did not have significantly higher hospitalization rates for any diagnostic category nor for any selected diagnoses. Administrative/clerical submarine personnel were significantly lower in hospitalization rates for alcohol abuse; diseases of the nervous system and sense organs; and for contusions.

Blue collar personnel from submarines and surface-ships are compared in Blue collar submarine personnel were not significantly higher in hospitalization rate for any diagnostic category or selected diagnoses. However, this group did exhibit significantly lower hospitalization rates for the diagnostic categories of infective and parasitic diseases; mental disorders; diseases of the nervous system and sense organs; diseases of the respiratory system; diseases of the digestive system; diseases of the genitourinary system; diseases of the skin and subcutaneous tissue; diseases the musculoskeletal system; symptoms and unspecified conditions; accidents, poisonings and violence. Submarine blue collar personnel were also significantly lower for the specific diseases viral hepatitis; venereal diseases: alcohol abuse; drug abuse; pneumonia; hernia; cellulitis; fractures; strains and sprains; contusions; open wounds; and burns, as well as for total hospital admissions, relative to their occupational counterparts aboard surface-ships.

Table 5 compares hospitalization rates for electrical/technical personnel from submarine and surface-ships. Again, submarine personnel were not significantly higher in hospitalization rate for any diagnostic category or selected diagnoses. Submarine electronic/technical personnel were significantly lower in hospitalization rate for the diagnostic categories of infective and parasitic diseases; mental disorders; diseases of the nervous system and sense organs; diseases of the digestive system; diseases of the skin and subcutaneous tissue; congenital anomalies; and accidents, poisonings and violence. Also, submarine electronic/technical personnel had significantly lower hospital admissions for several specific diagnoses including alcohol abuse; pneumonia; cellulitis; fractures; open wounds; and for total hospital admissions.

The comparison of Lospitalization rate; between submariners and surface-ship personnel in the fourth occupational group, medical personnel, is shown in Table 6. As in the previous occupations, submarine personnel were not statistically significantly higher in hospitalization rate for any diagnostic category or selected diagnoses. Submarine medical personnel had significantly lower hospitalization rates than surface-ship medical personnel for infective and parasitic diseases; mental disorders; alcohol abuse; diseases of the nervous system and sense organs; diseases of the respiratory system; diseases of the skin and subcutaneous tissue; supplementary exams; and for total hospital admissions.

Apprentices were the only occupational group in which submarine personnel had significantly higher hospitalization rates than surface-ship personnel. Table 7 shows hospitalization rates for submariner and surface-ship Submariner apprentice personnel had significantly apprentice personnel. higher hospitalization rates for infective and parasitic diseases; diseases of the nervous system and sense organs; diseases of the circulatory system; and for total hospital admissions. Apprentice submariners were also significantly higher for the specific diagnoses of diarrheal disease; personality disorders; and acute upper respiratory infection. On the other hand, apprentice submariners had significantly lower hospitalization rates than surface-ship apprentice personnel for diseases of the blood and bloodforming tissue; mental disorders; alcohol abuse; diseases of the respiratory system; hernia; diseases of the genitourinary system; diseases of the skin and subcutaneous tissue; diseases of the musculoskeletal system; and for open wounds.

### **DISCUSSION**

Submarine personnel were found to have lower total hospitalization rates than surface-ship personnel for four of five occupational groups. Blue collar, electronic/technical and medical submarine personnel had a significantly lower total hospitalization rate; administrative/clerical submarine personnel also had a lower total hospitalization rate, although, the difference was not statistically significant. Only apprentice submarine personnel had a significantly higher total hospitalization rate than surface-ship apprentice personnel.

Among the five occupational groups, submarine apprentice personnel had the highest total hospitalization rate. The demands placed upon the submarine apprentice are great. Not only are they expected to qualify for submarine service by learning the submarine from bow to stern, but they also must perform their regular job tasks. It is not unusual for submarine apprentices to work 18 to 20 hour days. An examination of the diagnostic categories and diagnoses for which submarine apprentices were significantly higher in hospitalization rate than surface-ship apprentice personnel shows that each has been frequently referred to as potentially stress related (ie. infective diseases, diseases of the nervous system and of the circulatory system, diarrheal disease, personality disorders, and acute upper respiratory The finding that apprentice submariners have higher hospitalization rates than apprentice surface-ship personnel, but, that all other submarine occupations have lower rates than their surface-ship counterparts suggests that the screening process (submarine qualification) is removing personnel at risk for illness from the submarine service.

The lowest total rate of hospitalization was among submarine electronic/technical personnel. Gunderson and Colcord (1982) also found naval personnel in electronic occupations to be among the lowest in hospitalization rates. Among naval personnel there is a negative linear relationship between education and the incidence of disease and illness (Gunderson, Rahe and Arthur, 1970), and electronic/technical personnel are in the highest group for years of education.

Another noteworthy result was the finding that submarine personnel were statistically significantly lower for alcohol abuse in all five occupational groups. The hospitalization rate for alcohol abuse across all occupational groups for submariners was less than one-half the rate for surface-ship personnel (RR=.40, p<.05). Schuckit and Cunderson (1974) have suggested that the association between alcoholism and naval jeb type could be a result of selection factors rather than a function of the job. Jobs that tolerate a higher level of disciplinary problems before separating a man from the service could be expected to have higher rates of alcoholism. Due to the nature of its mission and the potential hazards associated with performance decrement in this environment, the submarine service does not tolerate disciplinary problems, and, therefore has lower rates of alcohol related

hospitalizations. Further, hospitalization for alcohol abuse usually results in the transfer of personnel to surface-ships upon return to duty; therefore, repeat offenders could only occur among surface-ship personnel and not submarine personnel.

The present study has some limitations. The data were collected from the Service History and Medical Inpatient files for general epidemiological purposes and not as part of a designed study on occupational factors in illness; therefore, conclusions about causal factors must be made with caution. Also, outpatient data were not available and hospital admission data may not completely reflect health status, particularly among submarine personnel where long periods of deployment may preclude hospital admission for relatively minor conditions. A study by Nice (1984) found that the rates of medical evacuations from submarines are among the lovest of all naval ships, suggesting that medical events are treated by available medical personnel.

In summary, when comparing hospitalization rates between personnel on submarines and surface-ships for five occupational groups, surface-ship personnel had higher hospitalization has, except in the apprentice occupation. The higher hospitalization has for submarine apprentices may be a result of the long work hours and stress associated with submarine qualification. The lower submariner hospitalization rates in the other occupations appears to be associated with higher levels of education, submarine selection factors such as the intolerance of disciplinary problems, and may be a consequence of medical practices associated with long periods at sea and the difficulty of medical evacuation from a submarine.

#### REFERENCES

- Burr, R. G., and L. A. Palinkas. 1987. Health risks among submarine personnel in the U.S. Navy, 1974-1979. Undersea Biomed Res 14(6): 535-544.
- Burr, R. G., and L. A. Palinkas. 1988. Mental disorder hospitalizations among submarine personnel in the U.S. Navy. Nav Hlth Res Cnt Report # 88-10.
- Gunderson, E. K. E. and C. Colcord. 1982. Health risks in naval occupations: An overview. Nav Hlth Res Cnt Report # 82-1.
- Gunderson, E. K. E., Rahe, R. H., and Arthur, R. J. 1970. The epidemiology of illness in naval environments. II. Demographic, social background, and occupational factors. Mil Med 135: 453-458.
- Helmkamp, J. C., S. A. Forman, M. S. Mcnally, and C. M. Bone. 1984. Morbidity and mortality associated with exposure to ottofuel II in the U.S. Navy, 1966-1979. Nav Hlth Res Cnt Report # 84-35.
- Lilienfeld, A. M. and Lilienfeld, D. E. Foundations of epidemiology. 2nd ed. New York: Oxford University Press, 1980.
- Nice, D. S. 1984. A survey of U.S. Navy medical communications and evacuations at sea. Nav Hlth Res Cnt Report # 84-22.
- Palinkas, L. A., C. L. Colcord. 1985. Health risks among enlisted males in the U.S. Navy: race and ethnicity as correlates of disease incidence. Soc Sci Med 20: 1129-41.
- Schuckit, M. A., E. K. E. Gunderson. 1974. The association between alcoholism and job type in the U.S. Navy. Quart J Stud Alc 35: 577-585.
- Tansey, W. A., J. M. Wilson, and K. E. Schaefer. 1979. Analysis of health data from 10 years of Polaris submarine patrols. Undersea Biomed Res Sub Suppl S217-S246.

Table 1. Number and Percent of Submarine Personnel and Surface-Ship Personnel by Occupational Group.

	Subma	rine	Surfa	ce-Ship
Occupational Group	Ñ	Percent	Ñ	Percent
Elue Collar	31,759	46.4	33,140	42.7
Electronic/ Technical	24,368	35.6	23,110	29.8
Administrative/ Clerical	6,516	9.5	8,259	10.6
Apprentice	3,758	5.5	10,047	13.0
Medical	1,075	1.6	997	1.3
Other	999	1.4	1,988	2.6
Total	68,475	100.0	77,541	100.0

Table 2. Mean Age at First Hospitalization of Submarine Personnel and Surface-Ship Personnel by Occupational Group.

	Subma	arine		Surface-Ship						
Occupational Group	<u>N</u>	Mean Age	Std Dev	<u>N</u>	Mean Age	Std Dev				
Blue Collar	5,479	25.6	5.9	7,500	25.3	6.1				
Electronic/ Technical	3,726	26.0	6.1	4,109	25.5	6.0				
Administrative/ Clerical	1,213	26.6	7.1	1,692	27.1	6.8				
Apprentice	3,994	19.5	2.2	7,335	19.9	2.6				
Medical	384	27.4	7.2	514	26.0	6.6				
Total	14,796	24.2	6.1	21,150	23.6	5.9				

Table 3. Total Age-Adjusted Hospitalization Rates per 100,000 Person-Years and Relative Risks Among Administrative/Clerical Submarine Personnel and a Comparison Sample of Surface-Ship Administrative/Clerical Personnel, White Male Enlisted Personnel, 1974—1979

		bmarine 322 Per	son-yea 95% Con	rs) fidence		rface-S 29,426	1		
Diagnostic Category			Lim					its	Relative
and selected diagnoses	N	Rate	Lower	Upper	$\overline{\mathbf{N}}$	Rate	Lower	Upper	<u>Risk</u>
CATOLOGICAL CARE CHARGESTA									
INFECTIVE AND PARASITIC DESEASES	84	<b>395.</b> 0	310.5	479.5	96	342.4	273.9	410.9	1.15
Diarrheal disease	16	74.0	37.7	110.3	15	45.3	22.4	68.2	1.63
	14	65.8	31.3	100.3	21	79.6	45.6	113.6	0.83
Viral Hepatitis Venereal Diseases	9	45.1	15.6	74.6	16	60.6	30.9	90.3	0.53
venerear biseases	9	45.1	15.0	74.0	10	00.0	30.9	50.5	0.74
NEOPLASMS	28	108.8	68.5	149.1	27	76.1	47.4	104.8	1.43
ENDOCRINE, NUTRITIONAL AND METABOLIC DESEASES	7	26.1	6.8	45.4	<b>2</b> 0	62.4	35.1	89.7	0.42
DISPASSES OF BLOOD AND									
BLOOD-FORMING TESSUE	4	18.3	0.4	36.2	1.3	38.7	17.7	59.7	0.47
MENTAL DISCROTERS	228	1005.3	874.8	1135.8	360	1120.9	1005.1	1236.7	0.90
Alcohol Abuse	89	377.4	299.0	455.8	212	614.3	531.6	697.0	0.61*
Drug Abuse	11	56.0	22.9	89.1	17	69.0	36.2	101.8	0.81
Personality									
Disorders	28	143.3	90.2	196.4	30	195.2	67.6	142.8	1.36
DISPASES OF THE NERVOLS SYSTEM AND SENSE ORGANS	29	117.7	74.9	160.5	74	218.2	168.5	267.9	0.54*
DISEASES OF THE CIRCULATORY SYSTEM	71	248.7	190.9	306.5	86	227.0	179.0	275.0	1.10
DISEASES OF THE RESPIRATORY SYSTEM	119	539.9	442.9	636.9	149	533.8	448.1	619.5	1.01
Acute Upper Res-									
piratory Infection	2		0	22.9	3	12.8	0	27.3	0.75
Pneumonia	16	73.0	37.2	108.8	20	72.2	40.6	103.8	1.01
DISPASES OF THE									
DICESTIVE SYSTEM	172	712.7	606.2	819.2	241	775.9	677.9	873.9	0.92
Hemia	61	251.7	188.5	314.9	87	270.5	213.7	327.3	0.93
DISRASES OF THE CENTIO-	<i>c</i> 2	261 /	106.0	275 0	1/27	25/ 7	י רסף	691 O	0.74
URUNARY SYSTEM	63	201.4	190.9	325.9	107	534.6	201.4	421.8	0.74
DISPASES OF THE SKIN AND SUBCUTANDOUS TISSUE		422.7	335.4	510.0	111	406.4	330.8	482.0	1.04
Cellulitis				205.5		142.5		185.6	1.08

Table 3. (continued)

	Submarine Personnel					rface S			
		95% Confidence							
Diagnostic Category			Lin	its			Relative		
and selected diagnoses	N	Rate	Lower	Upper	Ņ	Rate	Lower	Upper	Risk
DISPASES OF THE MUSCULO-									
SKELETAL SYSTEM	136	579.7	482.3	677.1	174	560.5	477.2	643.8	1.03
CONSENITAL ANOMALIES	18	89.7	48.3	131.1	29	97.3	61.9	<b>132</b> .7	0.92
STAPTONS AND UNSPECIFIED									
CONDITIONS	61	259.2	194.2	324.2	69	218.1	166.6	269.6	1.19
ACCIDENTS, POLSONINGS									
AND VIOLENCE	229	1040.4	905.6	1175.2	338	1169.5	1044.8	1294.2	0.89
Fractures	70	321.0	245.8	396.2	116	395.5	323.5	467.5	0.81
Strains and Sprains	39	181.6	124.6	238.6	46	151.8	107.9	195.7	1.20
Contusions	4	18.9	0	37.4	23	88.9	52.6	125.2	0.21*
Open Wounds	25	115.9	70.5	161.3	29	101.7	64.7	1.38.7	1.14
Burns	6	25.1	5.0	45.2	10	31.5	12.0	51.0	0.80
SIPPLEMENTARY EXAMS	17	77.5	40.7	114.3	32	103.5	67.6	139.4	0.75
TOTAL HOSPITAL	1250	5010.0	EE00 0	<b>6007</b> 0	1007	C205 1	6000 E	4504 <b>3</b>	0.04
ADMISSIONS	T728	2275.8	2278.3	6227.3	1370	D3CD-1	6023.5	6286./	0.94

<sup>&</sup>lt;sup>1</sup> Relative risk is the risk of the submarine administrative/clerical personnel relative to the surface-ship administrative/clerical personnel.

<sup>\*</sup>p < .05

Table 4. Total Age-Adjusted Hospitalization Rates per 100,000 Person-Years and Relative Pisks Among Blue Collar Submarine Personnel and a Comparison Sample of Surface-Ship Blue Collar, White Male Enlisted Personnel, 1974-1979

		,243 Pe	Personi rson-yea 95% Cont	ars) fidence	Surface-Ship Personnel (105,472 Person-years) 95% Confidence				1
Diagnostic Category			ī.im			<b>.</b> .		ui.ts	Relative
and selected diagnoses	Ξ,	Rate	Lower	upper	Ñ	Rate	Lower	Upper	Risk
INFECTIVE AND PARASITIC									
DISEASES	271	238.5	210.1	266.9	375	356.0	320.0	392.0	0.67*
Diarrheal disease	51	45.2	32.8	57.6	59	56.6	42.2	71.0	0.80
Viral Hepatitis	33	28.7	18.9	38.5	70	66.8	51.2	82.4	0.43*
Venereal Diseases	16	14.0	7.1	20.9	44	41.4	29.2	53.6	6.34*
NEOPLASMS	156	141.5	119.3	163.7	187	181.4	155.4	207.4	0.78
DARWAYSTAND AR SINGUISTANIA I									
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	59	53.4	39.8	67.0	60	58.2	43.5	72.9	0.92
HA HETABOLIC DESENSES	79	4.درن	39.0	67.0	•••	J0.2	40.0	12.7	0.32
DISEASES OF BLOOD AND									
BLOOD-FORMING TISSUE	15	13.2	6.5	19.9	21	20.4	11.7	29.1	0.65
MANTAL DISCRIBES	725	640.2	593.€	686.8	1288	1245.0	1177.0	<b>1313.</b> 0	0.51*
Alcohol Abuse	252	235.4	206.3	264.5	707	690.5	639.6	741.4	0.34*
Drug Abuse	26	21.2	13.1	29.3	50	45.4	32.8	58.0	0.47*
Personality									
Disorders	129	109.1	90.3	127.9	154	146.2	123.1	169.3	0.75
DUSPASES OF THE NERVOUS									
SYSTEM AND SENSE ORGANS	201	179.9	155.0	204.8	312	302.6	269.0	336.2	0.59*
DISEASES OF THE				050.0			050.0		
CIRCULATORY SYSTEM	246	229.5	200.8	258.2	296	286.6	253.9	319.3	0.80
DISPASES OF THE									
RESPIRATURY SYSTEM	506	440.0	401.7	478.3	614	589.1	542.5	635.7	0.75*
Acute Upper Res-									•
piratory Infection	8	6.7	2.1	11.3	11	10.6	4.3	16.9	0.63
Pneumonia	41	36.5	25.3	47.7	67	64.6	49.1	80.1	0.57*
TOTAL COLUMN COL									
DISEASES OF THE	700	<i>(</i> (0,0	502.7	COD 1	0/0	005.0	770 (	000 0	0.771
DICESTIVE SYSTEM		640.9	593.7		868			890.8	0.77*
Hemia	240	224.4	190.4	252.4	309	334.1	219.0	390.2	0.63*
DISEASES OF THE GENITO-									
URINARY SYSTEM	259	228.9	201.0	256.8	351	339.8	304.3	375.3	0.67*
			<del>-</del>			J	•	<del></del>	. <b>.</b> .
DESEASES OF THE SKIN AND									
SUBCUTANEOUS TISSUE			227.4					481.5	
Cellulitis	86	76.8	60.6	93.0	168	160.1	135.9	184.3	0.48*

Table 4. (continued)

	<u>Su</u>	bmarine	95% Con	fidence				fidence	
Diagnostic Category			_	its		_		its	Relative
and selected diagnoses	N	Rate	Lower	Upper	N	Rate	Lower	<u>Upper</u>	Risk
DESEASES OF THE MUSCULO-									
SKELETAL SYSTEM	744	658.9	611.6	706.2	916	882.7	825.5	939.9	0.75*
CONCENUTAL ANOMALIES	71	64.0	49.1	78.9	90	85.6	67.9	103.3	0.75
SYMPTOMS AND UNSPECIFTED									
CONDITIONS	278	246.3	217.3	275.3	352	338.5	303.1	373.9	0.73*
ACCIDENTS, POLSONINGS									
AND VIOLENCE	1344	1173.8	1111.0	1236.6	1988	1885.4	1802.5	1968.3	0.62*
Fractures	452	394.1	357.8	430.4	639	606.2	559.2	653.2	0.65*
Strains and Sprains	164	142.8	120.9	164.7	220	210.3	182.5	238.1	0.68*
Contusions	53	46.0	33.6	58.4	127	120.2	99.3	141.1	0.38*
Open Wounds	89	78.8	62.4	95.2	187	177.4	152.0	202.8	0.44*
Burns	37	32.7	22.2	43.2	65	61.2	46.3	76.1	0.53*
SUPPLEMENTARY EXAMS	127	115.5	95.4	135.6	148	142.9	119.9	165.9	0.81
TOTAL POSPITAL ADMISSIONS	6004	5322.3	5187.7	5456.9	8327	7990.4	7818.8	8162.0	0.67*

 $<sup>^{1}</sup>$  Relative risk is the risk of the submarine blue collar personnel relative to the surface-ship blue collar personnel.

<sup>\*</sup> p < .05

Table 5. Total Age-Adjusted Hospitalization Rates per 100,000 Person-Years and Relative Risks Among Electronic/Technical Submarine Personnel and a Comparison Sample of Surface-Ship Electronic/Technical Personnel, White Male Enlisted Personnel, 1974-1979

Pierra Ale Cara an		365 Per:		rs) fidence	<u>Sur</u> (70	rface-S	Relative <sup>1</sup>		
Diagnostic Category and selected diagnoses	N I	Rate	Lim Lower		N	Rate	Lim Lower		Risk
INFECTIVE AND PARASITIC DISEASES	206	238.6	206.0	271.2	<b>26</b> 2	349.4	307.1	391.7	0.68*
Diarrheal disease	43	49.2	34.5	63.9	43	57.2	40.1	74.3	0.86
Viral Hepatitis	36	41.8	28.1	55.5	46	61.0	43.4	78.6	0.69
Venereal Diseases	20	23.1	13.0	33.2	21	27.8	15.9	39.7	0.83
NEOPLASMS	95	106.1	84.8	127.4	71	93.4	71.7	115.1	1.14
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	44	48.1	33.9	62.3	34	45.4	30.1	60.7	1.06
DISPASES OF BLOOD AND BLOOD-PORMING TISSUE	14	15.2	7.2	23.2	14	18.4	8.8	<i>2</i> 8.0	0.83
MENTAL DISORDERS	528	600.5	549.3	651.7	641	837.5	772.7	902.3	0.72*
Alcohol Abuse	181	199.8	170.7	228.9	297	384.5	340.8	428.2	0.52*
Drug Abuse	23	27.5	16.3	38.7	24	32.7	19.6	45.8	0.84
Personality						400 7			
Disorders	84	99.6	78.3	120.9	<b>9</b> 9	132.7	106.6	158.8	0.75
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	129	144.9	119.9	169.9	165	217.3	184.1	250.5	0.67*
DISPASES OF THE CIPCULATORY SYSTEM	170	188.6	160.2	217.0	154	199.4	167.9	230.9	0.95
DISPASES OF THE RESPIRATORY SYSTEM Acute Upper Res-	339	388.0	346.7	429.3	339	443.3	396.1	490.5	0.88
piratory Infection	4	4.3	0.1	8.5	4	5.2	0.1	10.3	0.83
Pneumonia	32	36.5	23.9	49.1	53	69.5	50.8	88.2	0.53*
DISPASES OF THE DIGESTIVE SYSTEM	526	594.0	543.2	644.8	551	724.8	664.3	785.3	0.82*
Hernia				243.4				316.9	0.76
DISPASES OF THE CANTTO- URINARY SYSTEM	181	204.9	175.0	234.8	233	300.0	261.5	338.5	0.68*
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE Cellulitis	197 59	223.3 67.0		254.5 84.1	281 <b>1</b> 02			411.6 160.2	0.61* 0.50*

Table 5. (continued)

	Submarine Personnel 95% Confidence				<u>Su</u>	rrace-S			
Diagnostic Category				its				fidence uits	Relative
and selected diagnoses	N	Rate	Lower	Upper	N	Rate	Lower	Upper	Risk
DISPASES OF THE MUSCULO-									
SKELKTAL SYSTEM	500	560.9	511.7	610.1	464	607.8	552.5	663.1	0.92
CONCENITAL ANOMALIES	32	37.9	24.8	51.0	57	73.9	54.7	93.1	0.51*
STAPTURS AND UNSPECIFIED									
CONDITIONS	181	204.6	174.8	234.4	183	240.6	205.7	275.5	0.85
ACCIDENTS, POISONINGS									
AND VIOLENCE	865	991.0	925.0	1057.0			1234.5		0.75*
Fractures	339	388.3	347.0	429.6	364	480.6	431.2	530.0	0.81*
Strains and Sprains	109	125.3	101.8	148.8	123	161.8	133.2		0.77
Contusions	38	44.4	30.3	58.5	48	64.0	45.9	82.1	0.69
Open Wounds	51	58.1	42.2	74.0	82	107.9	84.5	131.3	0.54*
Burns	12	13.2	5.7	20.7	19	25.3	13.9	<b>36.</b> 7	0.52
SEPERMINIAN DAYS	65	73.3	55.5	91.1	60	77.8	56.1	97.5	0.94
TUTAL HOSPITAL ADMISSIONS	4073	4620.8	4478.9	4762.7	4508	5915.1	5742.4	6087.8	0.78*

 $<sup>^{1}</sup>$  Relative risk is the risk of the submarine electronic/technical personnel relative to the surface—ship electronic/technical personnel.

<sup>\*</sup> p < .05

Table 6. Total Age-Adjusted Hospitalization Rates per 100,000 Person-Years and Relative Risks Among Medical Submarine Personnel and a Comparison Sample of Surface-Ship Medical, White Male Enlisted Personnel, 1974-1979

Pl. cond. Catamore	Submarine Personnel (4,242 Person-years) 95% Confidence Limits					Surface-Ship Personnel (3,999 Person-years) 95% Confidence Limits				
Diagnostic Category and selected diagnoses	N	Rate	_	Upper	<u>N</u>	Rate	Lower		Relative <sup>1</sup> Risk	
INFECTIVE AND PARASITIC DISPASS Diarrheal disease Viral Hepatitis	27 10 5	288.6 124.5	499.4 109.7 15.4	1104.4 467.5 233.6	60 20 8 3	2099.7 726.6 210.6 127.7	1568.4 408.2 64.7 0	2631.0 1045.0 356.5 272.2	0.38* 0.40 0.59	
Venereal Diseases	- 7	- 111.2	28.8	193.6	11	276.3	113.0	439.6	0.40	
NEOPLASMS	,	111.2	20.0	17510		2,010				
ENDOCRINE, NUTRITIONAL AND METABULIC DISEASES	3	49.2	0	104.9	2	30.7	О	73.2	1.60	
DISEASES OF BLOOD AND BLOOD-PORKING TISSUE	-	-	-	-	3	89.8	0	191.4	-	
mental distribes	62	1303.0	978.7	1627.3	83	2163.1	1697.7	2628.5	0.60*	
Alcohol Abuse	24	395.1	237.0	553.2	45	1142.8	808.9	1476.7	0.35*	
Drug Abuse	2	64.8	0	154.6	-	-	_	-	-	
Personality	_	116.1	20. 2	263.5	11	359.8	147.2	572.4	0.41	
Disorders	6	146.4	29.3	203.5	11	339.0	14/.2	2/2.4	0.41	
pilsrases of the nervous system and sense organs	12	206.7	89.7	323.7	24	619.1	371.4	866.8	0.33*	
DISPASSES OF THE CIRCULATURY SYSTEM	21	439.3	251.4	627.2	15	282.1	139.3	424.9	1.56	
DISPASES OF THE RESPIRATURY SYSTEM	41	1193.4	828.1	1558.7	<b>7</b> 7	2243.3	1742.2	2744.4	0.53*	
Acute Upper Res-	2	64.8	0	<b>1</b> 54.6	3	106.3	0	230.9	0.60	
piratory Infection Pneumonia	5	126.5	15.6	237.4	9	238.6	82.7	394.5	0.53	
DISPASES OF THE	۲۵.	1385.6	1025 ()	1736.2	59	1395.8	1039.6	1752.0	0.99	
DICESTIVE SYSTEM Hernia	60 21		193.2			200			0.87	
DISPASES OF THE CENTIO- URINARY SYSTEM	22	416.2	242.3	590.1	20	527.7	296.4	759.0	0.79	
DISPASES OF THE SKIN AND SUBCUTANBULS TISSUE Cellulitis	14 4			456.7 122.0				1094.9 518.8		

Table 6. (continued)

	Submarine Personnel 95% Confidence				Surf				
Diagnostic Category and selected diagnoses	Ņ	Rate	Limi Lower	ts <u>Upper</u>	N	Rate	Limits Lower	Upper	Relative <u>Risk</u>
DISEASES OF THE MUSCULO- SKELTAL SYSTEM	54	1207.7	885.6	1529.8	63	1643.8	1237.9	2049.7	0.73
CONGENITAL ANOMALIES	5	128.1	15.8	240.4	5	214.7	26.5	402.9	0.60
SYMPTOMS AND UNSPECIFUED CONJECTIONS	28	534.1	336.3	731.9	21	516.2	295.4	<b>7</b> 37 <b>.</b> 0	1.03
ACCIDENTS, POISONINGS AND VIOLENCE Fractures Strains and Sprains Contusions Open Wounds	69 14 16 1 7	22C7.1 316.1 455.9 32.4 347.1	150.5 232.5 0 90.0	2727.9 481.7 679.3 95.9 604.2	85 20 13 3 6	2709.5 517.9 431.5 89.8 234.8	2133.5 290.9 196.9 0 46.9		0.81 0.61 1.06 0.36 1.48
Burns SIPPLEMENTARY EXAMS	3	48.2 79.6	0 1.6	102.7 157.6	1 20	17.6 603.8	0 339.2	52.1 868.4	2.74 0.13*
TOTAL HOSPITAL ADMISSIONS	429	10362.6	9382.0	11343.2	<b>57</b> 3	16202.2	14875.6	17528.8	0.64*

 $<sup>^{1}</sup>$  Relative risk is the risk of the submarine medical personnel relative to the surface-ship medical personnel.

<sup>\*</sup> p < .05

Table 7. Total Age—Adjusted Hospitalization Rates per 100,000 Person-Years and Relative Risks Among Apprentice Submarine Personnel and a Comparison Sample of Surface—Ship Apprentice Personnel, White Male Enlisted Personnel, 1974—1979

Diagnostic Category		6,212 Pe	e Person erson-yea % Confid Limit	irs) lence	Surface-Ship Personnel (17,364 Person-years) 95% Confidence Limits R				Relative <sup>1</sup>	
and selected diagnoses	Ñ	Rate		Upper	N	Rate	Lower	Upper	Risk	
INFECTIVE AND PARASITIC DISPASSES	661	6591.9	6089.4	7094.4	921	4007.4	3748.6	4265.2	1.64*	
Diarrheal disease	53	615.9	450.1	781.7	77	342.5	266.0	419.0	1.80*	
Viral Hepatitis	37	420.9	285.3	556.5	73	408.0	314.4	501.6	1.03	
Venereal Diseases	7	278.1	72.1	484.1	35	173.7	116.2	231.2	1.60	
NEOPLASMS	29	942.3	599.3	1285.3	<b>7</b> 0	536.6	410.9	662.3	1.76	
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	3	36.2	0	77.2	12	128.7	55.9	201.5	0.28	
DISPASES OF PLOOD AND BLOOD-PORMING TISSUE	7	49.3	12.8	85.8	21	<b>1</b> 85.7	106.3	265.1	0.27*	
MENTAL DESCRIPERS	335	7479.2		8280.1			15474.8		0.45*	
Alcohol Abuse	79	2631.7		3212.0			10323.0		0.23*	
Drug Abuse	41	538.8	373.9	703.7	123	642.8	529.2	756.4	0.94	
Personality								4754		
Disorders	105	2166.7	1752.3	2581.1	248	1556.4	1362.7	1750.1	1.39*	
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	59	1389.3	1034.8	1743.8	148	853.2	715.7	990.7	1.63*	
DISEASES OF THE CURCULATORY SYSTEM	27	1574.4	908.5	2168.3	83	674.0	529.0	819.0	2.34*	
DISEASES OF THE RESPIRATORY SYSTEM Acute Upper Res-	918	10990.9	10279.9	11701.9	1287	12582.8	11895.3	13270.3	0.87*	
piratory Infection	287	2977.7	2633.2	3322.2	345	1213.0	1085.0	1341.0	2.45*	
Pneumonia	327	3427.9			456	8823.4				
DISPASIES OF THE DIGESTIVE SYSTEM	292	4703.2	4163.7	5242.7	527	6763.2	6185.8	7340.6	0.70*	
Hernia	117	1862.4	1524.9	2199.9	206	<b>4581.</b> 5	3955.9	5207.1	0.41*	
DISEASES OF THE CENTTO- URINARY SYSTEM	65	761.9	576. <b>7</b>	947.1	214	1460.6	1264.9	1656.3	0.52*	
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE Cellulitis	393 312			6820.0 5726.2			9514.1 5207.9		_	

Table 7. (continued)

	Submarine Personnel 95% Confidence				<u>s</u>				
Diagnostic Category		,	Limi			-	% Confid		Relative
and selected diagnoses	<u>N</u>	Rate	Lower	<u>Upper</u>	Ñ	Rate	Lowex:	Upper	Rick
DISPASES OF THE MUSCULO- SKELETAL SYSTEM	145	3090.8	2587.7	3593.9	441	6239.1	5656.8	6821.4	0.50*
CONCENITAL ANDMALIES	46	614.5	436.9	792.1	88	444.4	351.5	537.3	1.38
SYMPTOMS AND UNSPICIFIED CONJUCTIONS	122	1919.5	1578.9	2260.1	261	1598.6	1404.7	1792.5	1.20
ACCIDENTS, POTSONINGS									
AND VIOLENCE	593	7745.8	7122.4	8369.2	1505	8556.5	8124.2	8988.8	0.91
Fractures	186	2528.1	2164.8	2891.4	419	2545.1	2301.4	2788.8	0.99
Strains and Sprains	85	1342.6	1057.2	1628.0	209	1347.9	1165.2	1530.6	1.00
Contusions	31	481.4	311.9	650.9	108	654.2	530.3	777.6	0.75
Open Wounds	33	359.9	237.1	482.7	140	670.3	559.3	781.3	0.54*
Burns	12	106.5	46.2	166.8	43	180.7	126.7	234.7	0.59
SIPPLEMENTARY EVANS	437	5949.2	5391.4	<b>6507.</b> 0	440	5751.9	5214.4	6289.4	1.03
TOTAL HOSPITAL ADMISSIONS	4132	60044.8	58214.0	61875.6	7702	51800.2	50643.3	52957.1	1.16*

 $<sup>^{1}</sup>$  Relative risk is the risk of the submarine apprentice personnel relative to the surface-ship apprentice personnel.

<sup>\*</sup>p < .05

APPENDIX 1

Naval Enlisted Personnel Rates in each Occupational Group

Numer- ical Code	Alpha Abbrev- iation	Availab Pay- grades			
Administ	rative/Cle	erical			
1400	NC	E5-E9	Navy Counselor		
1700	YN	E1-E9	Yeoman		
1750	LN	E5-E9	Legalman		
1800	PN	E1-E9	Personnelman		
1900	DP	E1~E9	Data Processing Technician		
2000	SK	E1-E9	Storekeeper		
2100	DK	E1-E9	Disbursing Clerk		
2200	MS	E1-E9	Mess Management Specialist		
230C	IS	E1-E9	Intelligence Specialist		
2490	SH	E1-E9	Ship's Serviceman		
2600	J0	E1-E9	Journalist		
2700	PC	E1-E9	Postal Clerk		
Blue Col	llar				
0100	BM	E1-E9	Boatswain's Mate		
0450	OT	E9	Ocean Systems Technician		
0500	TM	E1-E9	Torpedoman's Mate (Sub/Surf)		
0600	GM	E8-E9	Gunner's Mate		
0601	GMM	E1-E7			
0602	GMT	E1-E9			
0604	GMG	E1-E7	Gunner's Mate-Guns		
0810	MT	E1-E7	Missile Technician		
0900	MN	E1-E9	Mineman		
3700	MM	E1-E9	Machinist's Mate		
3800	EN	E1-E9	Engineman		
3900	MR	E1-E9	Machinery Repairman		
4000	BT	E1-E9	Boiler Technician-at E6 may opt for BR		
4020	BR	E6-E9	Boilermaker		
4100	EM	E1-E9	Electrician's Mate		
4200	IC	E1-E8	Interior Communications Electrician		
4300	HT	E1-E9	Hull Maintenance Technician		
4400	GS	E8-E9			
4600	PM	E1-E7	Patternmaker		
4700	ML	E1-E9	Molder		
5100	EA	E1-E8	Engineering Aid		
5300	CE	E1-E8	Construction Electrician		
5410	EO	E1-E8	Equipment Operator		
5500	CM	E1-E8	Construction Mechanic		
5600	BU	E1-E8	Builder		
5700	SW	E1-E8			
5800	UT	E1-E9	Utilitiesman		

# Appendix 1 (Continued)

## Blue Collar

AF	E9	Aircraft Maintenance Technician
AV	E9	Avionics Technician
AD	E1-E8	Aviation Machinist's Mate
ADJ	E1-E7	Aviation Machinist's Mate-Jet Engines
AO	E1-E9	Aviation ordnanceman
QA	E1-E8	Aviation Fire Control Technician
AB	E8-E9	Aviation Boatswain's Mate
AΈ	F1-E8	Aviation Electrician's Mate
AM	<b>E</b> 8	Aviation Structural Mechanic
PR	E1-E9	Aircrew Survival Equipmentman
AK	E1-E9	Aviation Storekeeper
AZ	E1-E9	Aviation Maintenance Administrationman
AS	E6-E9	Aviation Support Equipment Technician
	AV AD ADJ AO AQ AB AE AM PR AK AZ	AV E9 AD E1-E8 ADJ E1-E7 AO E1-E9 AQ E1-E8 AB E8-E9 AE E1-E8 AM E8 PR E1-E9 AK E1-E9 AZ E1-E9

# **Blectronic/Technical**

0150	14.4	77E 77A	Manufacture A. Anna
0150	MA	E5-E9	Master-at-Arms
0200	MQ	E1-E9	
0250	SM	E1-E9	
0300	0\$	E1~E9	Operations Specialist
0350	EW	E1E9	Electronics Warfare Technician
0400	ST	E9	Sonar Technician
0401	STG	E1-E8	Sonar Technician-Surface
0404	STS	E1~E8	Sonar Technician-Submarine
0800	FT	E8-E9	Fire Control Technician
0801	FTG	E2-E7	Fire Control Technician-Gun
0802	FTM	E1-E7	Fire Control Technician-Surface Missile
0803	FTB	E1 E7	Fire Control Technician-Ballistic Miss.
1000	ET	E1-E9	Electronics Technician
1001	ETN	E1-E5	Electronics Technician-Communications
1002	ETR	E1-E5	Electronics Technician-Radar
1010	DS	E1-E9	Data Systems Technician
1100	IM	E1-E8	Instrumentman
1200	OM	E1-E8	Opticalman
1500	RM		Radioman
1666	CTI	E1-E9	Cryptologic Technician-Interpretive
6300	AT		Aviation electronics Technician
6310	AX	E1-E8	Antisubmarine Warfare Technician
6400	AV	E1-E9	Aviation ASW Operator (Acoustic/Non-acoustic)
6600	AC		Air Controlman
7100	AG	E1-E9	Aerographer's Mate
7200	TD	E1-E9	<del>-</del> -
7600	PH	E1-E9	Photographer's Mate

## Medical

8000	HM	E4-E9	Hospital Corpsman
8300	DT	E4-E9	Dental Technician

# Appendix 1 (Continued)

# Apprentice

3600 5000 6000 7800	SR, SA, SN FR, FA, FN CR, CA, CN AR, AA, AN	E1-E3 E1-E3 E1-E3	Seaman recruit, Apprentice, Seaman Fireman Recruit, FN Apprentice, Fireman Construction Recruit, Const. Apprentice, Constructionman Airman Recruit, AN Apprentice, Airman
Other	:		
0000 3100 3200 3300	MN DM TI	E2-E9 E1-E9 E2-E9	Not Reported Lithographer Illustrator-Draftsman Musician

SECORITY CLASSIFICATION OF THIS PAGE							
REPORT DOCUMENTATION PAGE							
1a. REPORT SECURITY CLASSIFICATION				16 RESTRICTIVE MARKINGS			
UNCLASSIFIED				None			
SECURITY C	LASSIFICATION	N AUTHORITY			AVAILABILITY OF Dr. public rel		distribution
26 DECLASSIFIC	ATION/DOW	NGRADING SCHEDU	.E	unlimited.			
4 PERFORMING NHRC Repor		ON REPORT NUMBER -10	R(S)	5 MONITORING ORGANIZATION REPORT NUMBER(S)			
6a NAME OF P	ERFORMING (	ORGANIZATION	6b. OFFICE SYMBOL	7a. NAME OF MONITORING ORGANIZATION			
Naval Heal	th Resear	rch Center	(If applicable) Code 20	Commander, Naval Medical Command			
6c. ADDRESS (C	ity, State, and	d ZIP Code)		7b. ADDRESS (Cit	y, State, and ZIP Co	de)	
P. O. Box	85122			Dept. of the			j
San Diego,	CA 92138	3-9174		Washington, DC 20372-5120			
8a. NAME OF F	UNDING / SPO	NSORING	8b. OFFICE SYMBOL	9. PROCUREMENT	T INSTRUMENT IDEN	TIFICATIO	N NUMBER
	ion Naval		(If applicable)				
		ment Command					
8c. ADDRESS (C				10. SOURCE OF F	UNDING NUMBERS		
			Capital Region	PROGRAM ELEMENT NO.		TASK	WORK UNIT
Bethesda,	MD 20814-	-5044		14 6370511	NO. M0095.	NO 005	ACCESSION NO. 6004
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12. PERSONAL	AUTHOR(S)						
BURR, Ralp	h, G.; P/	<u>ALINKAS, Lawre</u>	ence A.; PINEDA,	Anthony S.			
13a. TYPE OF F Final	REPORT	136 TIME CO	OVERED TO	4. DATE OF REPO 89 March 27	RT (Year, Month, D	ay) 15. I	PAGE COUNT
16. SUPPLEMEN	16. SUPPLEMENTARY NOTATION						
			pational Health	and Preventi	ive Medicine	Worksho	op, Virginia .
Beach, VA	March 198	89.					
17.	COSATI	CODES	18 SUBJECT TERMS (C	ontinue on revers			
FIELD	GROUP	SUB-GROUP	Non-battle in		bmarine work	enviro	nments
<b></b>	USN Submariners						
22 125 22	Surface-ship personnel						
19. ABSTRACT (Continue on reverse if necessary and identify by block number)							
This study evaluated health risks associated with U.S. Navy submarine duty by comparing hos-							
pitalization rates of submariners with surface-ship personnel for five occupational groups.							
Occupational groups included administrative/clerical, apprentice, blue collar, electronic/							
technical, and medical personnel. Occupational groups were compared between ship type using							
age-adjusted hospitalization rates for 16 major diagnostic categories and several specific							
diagnoses within these categories. Submarine personnel had significantly lower total hospi-							
talization rates than surface-ship personnel in blue collar, electronic/technical, and medi-							
cal occupations. The only occupational group in which submariners had significantly higher							
hospital admission rates was among apprentice personnel. Submarine apprentices were higher							
than surface-ship apprentice personnel for infective and parasitic diseases, diarrheal dis-							
ease, personality disorders, diseases of the nervous system and sense organs, diseases of the circulatory system, acute upper respiratory infection, and for total hospital admissions.							
(Continued on reverse side)							
20 DISTRIBUTION AVAILABILITY OF ABSTRACT  21 ARSTRACT SECURITY CLASSIFICATION  UNCLASSIFIED UNCLASSIFIED							
UNCLASSIFIED/UNLIMITED IX SAME AS RPT DTIC USERS UNCLASSIFIED  22a NAME OF RESPONSIBLE INDIVIDUAL  Ralph G. Burr  22b TELEPHONE (include Area Code) 22c OFFICE SYMBOL  (619) 553-9967 Code 20							
Ralph G.		- HADIAIDOME		(619) 553-	9967	Code	20 TMBUL

### UNCLASSIFIED

(Continued from front side, Block 19)

The results show that of the five occupational categories, the submarine environment has the greatest health effects on apprentice personnel. Age and job-related stress in the submarine environment are discussed as contributing factors.